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5	APPLICATION NUMBER	·	FILING DATE	CLASS	SUBCLASS	GR	OUP ART UNIT	EXAMINER
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NOTICE OF ALL	OWANCE MAILED		CLAIMS ALLOWED					
•		Assistant Examiner	Total Claims		Print Claim for O.G			
ISS	UE FEE		DRAWING					
Amount Due	Date Paid	7	Sheets Drwg.	Figs.Drwg.	Print Fig.			
		Primary Examiner						
TER	RMINAL	PREPARED FOR ISSUE	Application Examiner					
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